

# **Applied Resolutions LLC**

**An Independent Review Organization**

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## ***Notice of Independent Review Decision***

### ***Review Outcome:***

***A description of the qualifications for each physician or other health care provider who reviewed the decision:***

Orthopedic Surgery

### ***Description of the service or services in dispute:***

Left knee arthroscopy with meniscectomy

***Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:***

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

### ***Patient Clinical History (Summary)***

Patient is a male. On xxxx, an MRI of the left knee revealed a bucket handle tear of the medial meniscus, a proximal MCL injury favored as a grade 1-2 clinical pathology and a small joint effusion. On xxx, the patient was seen in clinic. It was noted that he had a Medrol dose pack and had been given Nabumetone. He was rating his pain at 5/10 at that time to the left knee. On physical examination, he had tenderness to the medial joint line at the left knee as well as to the MCL. No swelling was noted. Range of motion was considered normal but with pain. Motor function was intact. He had a negative Lachman's and a negative McMurray's test both medially and laterally. He had no varus or valgus instability. A meniscectomy was recommended.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

On xxxx, a utilization review letter was submitted noting the request for a left knee arthroscopy with a meniscectomy, was non-certified and the Official Disability Guidelines Knee Chapter was utilized as the reference source. It was noted that there was an absence of failure of conservative treatment and absence of subjective and objective clinical findings of a meniscal tear on the physical examination. Therefore the request was non-certified. On xxxxx, an appeal determination letter was submitted again utilizing the Official Disability Guidelines Knee Chapter and noted the request was non-certified. It was noted the patient complained of left knee pain and there was no information submitted regarding the patient's therapeutic history. Therefore the request was non-certified.

The guidelines indicate that a meniscectomy may be considered reasonable if there is documented conservative care unless the knee is locked or blocked, such as supervised physical therapy and/or home rehab programs. There should be subjective findings such as joint pain or swelling or a feeling of giving way or locking, clicking, or popping, and there should be objective findings such as a positive McMurray's or joint line tenderness or an effusion or limited range of motion or locking, clicking, or popping. Imaging studies should document pathology. For this individual, there is a documented bucket handle tear of the medial meniscus. On physical examination, he does have pain to the medial joint line. There is no apparent effusion, and he has full apparent range of motion. He has a negative Lachman's and a negative McMurray's test. On physical examination there is a paucity of clinical information to suggest surgery would be warranted absent conservative measures. The records do not include physical therapy notes to indicate that he had failed

conservative measures such as physical therapy. Therefore, it is the opinion of this reviewer that the request for a left knee arthroscopy with a meniscectomy is not medically necessary and the prior denials are upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)